

**REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY  
(BY INVENTOR(S) OR ASSIGNEE)**

(complete A or B)

**A.  DECLARATION BY THE INVENTOR(S)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is described and claimed in letters patent number 5,899,222, granted on May 4, 1999, and for which invention I solicit a reissue patent on the invention entitled BALL VALVE CONTROL SYSTEM

the specification of which

is attached hereto.

was filed on \_\_\_\_\_, as reissue application number / and was amended on \_\_\_\_\_ (*if applicable*).

I hereby declare that there is no assignee for this application.

NOTE: "Where no assignee exists, applicant should affirmatively state that fact. If the file record is silent as to the existence of an assignee, it will be presumed that no assignee exists." M.P.E.P., 6th ed., rev. 1, § 1410.01.

**B.  DECLARATION BY ASSIGNEE**

NOTE: The assignee of the entire interest may make the declaration, if the reissue application does not seek to enlarge the scope of the claims of the original patent. 37 C.F.R. § 1.172.

(type or print name of declarant) \_\_\_\_\_ Title \_\_\_\_\_  
of \_\_\_\_\_  
Name of company or legal entity on whose behalf declarant is authorized to sign  
declare that I am a citizen of \_\_\_\_\_ and resident of \_\_\_\_\_,  
\_\_\_\_\_, that the entire title to letters patent number \_\_\_\_\_,  
for \_\_\_\_\_  
granted on \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_  
Inventor(s) \_\_\_\_\_  
is vested in \_\_\_\_\_  
Name of company or legal entity \_\_\_\_\_

that I believe said named inventor(s) to be an original, first and sole inventor (*if only one name is listed*) or an original, first and part inventor (*if plural names are listed*) of the subject matter that is described and claimed in the aforesaid letters patent and in the foregoing specification and for which Invention I solicit a reissue patent.

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

(37 C.F.R. § 1.175)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. § 1.98.

### PRIORITY CLAIM

**NOTE:** A "claim" for the benefit of an earlier filing date in a foreign country under 35 U.S.C. 119(a)-(d) must be made in a reissue application even though such a claim was made in the application on which the original was granted. However, no additional certified copy of the foreign application is necessary. M.P.E.P., 6th ed., rev. 1, § 1417.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete C or D)

C.  No such applications have been filed.  
D.  Such applications have been filed as follows:

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#### EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

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#### ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

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#### BENEFIT OF PROVISIONAL APPLICATION

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**STATEMENT OF INOPERATIVENESS  
OR INVALIDITY OF ORIGINAL PATENT**  
(37 C.F.R. § 1.175)

That I believe the original patent to be

partly  
 wholly

inoperative or invalid by reason of (37 C.F.R. § 1.175(a)(1)):

*(check all items that may apply)*

a defective specification  
 a defective drawing  
 the patentee claiming more or less than the patentee had a right to claim in the patent.

*NOTE: At least one error must be relied upon as the basis for the reissue. 37 C.F.R. § 1.175(a)(1).*

That the error listed above, which are being corrected, up to the time of the filing of this reissue declaration arose without any deceptive intention on the part of the applicant. (37 C.F.R. § 1.175(a)(2)).

*NOTE: For any error corrected not covered by this declaration applicant must submit, before allowance, a supplemental declaration stating that every such error arose without any deceptive intention on the part of the applicant. 37 C.F.R. § 1.175(b)(1).*

Corroborating affidavits or declarations of others accompany this declaration.

Applicant believes his patent (U.S. Patent Number 5,899,222) to be partly invalid due to unnecessary elements in Claims 1-3.

## POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

LOUIS J. BRUNOFORTE

40,536

*(check the following item, if applicable)*

- I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

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### SEND CORRESPONDENCE TO

### DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Address

Louis J. Brunoforte  
1250 Seminole Blvd., Ste 1  
Largo, FL 33770

(727) 586-2570

Customer Number \_\_\_\_\_

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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### Signature(s)

**BY THE INVENTOR(S)**

Full name of sole or first inventor ANGELO GENCARELLI  
Inventor's signature Angel Gencarelli  
Date 3/22/2001 Country of Citizenship United States  
Residence 437 Kingsland Av, Lyndhurst, NJ 07071  
Post Office Address 437 Kingsland Av, Lyndhurst, NJ 07071

Full name of second joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

**BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE**

NOTE: Even though Inventor(s) do not sign, complete above information for Inventor(s).

(complete the following, if applicable)

(type name of assignee)

Address of assignee

Title of person authorized to sign on behalf of assignee

Assignment recorded in PTO on \_\_\_\_\_

Reel \_\_\_\_\_

Frame \_\_\_\_\_

A separate  "ASSIGNMENT (DOCUMENT) COVER SHEET"  
or  FORM PTO 1595 is submitted herewith along with the assignment

**STATEMENT BY ASSIGNEE**

Attached is a "STATEMENT UNDER 37 C.F.R. 3.73(b)," establishing the right of the assignee to take action in this reissue.

**Signature of assignee or person authorized to sign on behalf of assignee**

(check proper box(es) for any added page(s) forming a part of this declaration)

- Signature for third and subsequent joint inventors. Number of pages added. \_\_\_\_\_
- Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added. \_\_\_\_\_
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. § 1.47. Number of pages added. \_\_\_\_\_
- Statement of inoperativeness or invalidity of original patent. 37 C.F.R. § 1.175. Number of pages added \_\_\_\_\_
- Authorization of attorney(s) to accept and follow instructions from representative.
- Corroborating statements of others.

REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER  
(37 C.F.R. § 1.178)

To the Assistant Commissioner for Patents:

1. The undersigned applicant of the accompanying reissue application for the reissue of letters patent for the improvement in BALL VALVE CONTROL SYSTEM Patent number 5,899,222 granted to him/her on May 4, 1999, of which

he/she is now sole owner,

\_\_\_\_\_

is now sole owner by assignment, and on whose behalf and with whose assent the accompanying application is made,

The "ASSENT BY THE ASSIGNEE" to this reissue application is attached.

Date: 3/22/2001Angelo Gencarelli  
Signature(s)ANGELO GENCARELLI

(type or print name(s))

## CERTIFICATION UNDER 37 C.F.R. § 1.10\*

(Express Mail label number is mandatory.)

(Express Mail certification is optional.)

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United States Postal Service on this date 05 APRIL 2001, in an envelope as "Express Mail Post Office to Addressee," service under 37 C.F.R. § 1.10, Mailing Label Number EL 025801432 US, addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

SHARON S HARMON

(type or print name of person mailing paper)

Sharon S Harmon

Signature of person mailing paper

**WARNING:** Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. § 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

**\*WARNING:** Each paper or fee filed by "Express Mail" **must** have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. § 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Reissue Application by the Inventor, Offer to Surrender (37 C.F.R. § 1.178)—Assent of Assignee  
[17-2]—page 1 of 2)

## ASSENT OF ASSIGNEE TO REISSUE

The undersigned, assignee of the entire interest in the above-mentioned letters patent, hereby assents to the accompanying application.

### STATEMENT BY ASSIGNEE

Attached is a "STATEMENT UNDER 37 C.F.R. 3.73(b)," establishing the right of the assignee to take action in this reissue.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of assignee;  
(type or print name of signatory and title if signing  
on behalf of an entity)

\_\_\_\_\_

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) <b>NIS 3841</b>
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <b>ANGELO GENCARELLI</b>		
Patent Number	<b>5,899,222</b>	Date Patent Issued <b>May 4, 1999</b>
Title of Invention <b>BALL VALVE CONTROL SYSTEM</b>		
<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p>		
<p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is/are <u><b>NONE</b></u>, and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned)		
<b>ANGELO GENCARELLI</b>		
Signature	Date <b>3/22/2001</b>	
Typed or printed name and title of person signing for assignee (if assigned)		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.